

conduct online surveys of grantee Project Directors. This is a new project request targeting the collection of primary, organizational-level data through an online survey with grantee Project Directors. The grantee programs that will be involved are focused on integrating HIV and Hepatitis primary care, substance abuse, and behavioral health services and include: (1) TI–12–007 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE–HIV) grantees; (2) TI–14–013 Minority AIDS Initiative—Continuum of Care (MAI–CoC) grantees; (3) TI–13–011 Targeted Capacity Expansion HIV Program: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (TCE–HIV: Minority Women) grantees; and (4) TI–15–006 Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE–HIV: High Risk Populations) grantees.

The goals of the grantee programs are to integrate behavioral health treatment, prevention, and HIV medical care services for racial/ethnic minority

populations at high risk for behavioral health disorders and at high risk for or living with HIV. The grantee programs serve many different populations including African American, Hispanic/Latina and other racial/ethnic minorities, young men who have sex with men (YMSM), men who have sex with men (MSM) and bisexual men, adult heterosexual women and men, transgender persons, and people with substance use disorder. Project Director Surveys conducted with grantees are an integral part of evaluation efforts to: (1) Assess the impact of the SAMHSA-funded HIV programs in: Reducing behavioral health disorders and HIV infections; increasing access to substance use disorder (SUD) and mental disorder treatment and care; improving behavioral and mental health outcomes; and reducing HIV-related disparities in four specific grant programs; (2) Describe the different integrated behavioral health and medical program models; and (3) Determine which program types or models are most effective in improving behavioral health and clinical outcomes. SAMHSA will request one web-based survey to be completed by each of the

152 grantee Project Directors. Project Directors may request assistance from another project administrator to help them complete the survey. The web-based survey will be conducted once for grantees in each grant program, in the grantee organization’s final year of TCE–HIV (TI–12–007, TI–13–011, TI–15–006) or MAI CoC (TI–14–013) funding, with an annual average of 50 grantees/100 respondents per year. Project Directors will provide information on their program’s integration of HIV and Hepatitis medical and primary care into behavioral health services and project implementation. While participating in the evaluation is a condition of the grantees’ funding, participating in the survey process is voluntary. The questionnaire is designed to collect information about: Grantee organizational structure, outreach and engagement, services provided through the grant-funded project, coordination of care, behavioral health/medical care integration, funding and project sustainability, staffing and staff development.

The table below is the annualized burden hours:

ESTIMATE OF ANNUAL AVERAGE REPORTING BURDEN: PROJECT DIRECTOR SURVEY

Data collection tool	Number of respondents	Responses per respondent	Hour per response	Total burden hours
Project Director Survey	100	1	1	100

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57–B, Rockville, Maryland 20857, *OR* email a copy to summer.king@samhsa.hhs.gov. Written comments should be received by December 6, 2016.

Summer King,
Statistician.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the

Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: SAMHSA Transformation Accountability (TRAC) Data Collection Instrument (OMB No. 093–0285)—Revised

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is proposing to modify one of its current Transformation Accountability (TRAC) system data collection tools to include previously piloted recovery measures. Specifically, this revision entails the incorporation of twelve recovery measures into the current CMHS NOMs Adult Client-level Measures for Discretionary Programs Providing Direct Services data collection tool. As part of its strategic initiative to support recovery from mental health and substance use disorders, SAMHSA has been working to develop a standard measure of recovery that can be used as part of its grantee performance reporting activities.

This revision will add eight questions from the World Health Organization’s (WHO) Quality of Life (QOL) to SAMHSA’s existing set of Government

Performance and Results Act (GPRA) measures along with four additional measures that support the WHO QOL–8. Data will be collected at two time points—at client intake and at six

months post-intake. These are two points in time during which SAMHSA grantees routinely collect data on the individuals participating in their programs.

The WHO QOL–8 will assess the following domains using the items listed below:

Question number	Item	Domain
1	How would you rate your quality of life?	Overall quality of life.
2	How satisfied are you with your health?	Overall quality of life.
3	Do you have enough energy for everyday life?	Physical health.
4	How satisfied are you with your ability to perform your daily living activities?	Physical health.
5	How satisfied are you with yourself?	Psychological.
6	How satisfied are you with your personal relationships?	Social relationships.
7	Have you enough money to meet your needs?	Environment.
8	How satisfied are you with the conditions of your living place?	Environment.

The revision also includes the following recovery-related performance measures:

Question number	Item
9	During the past 30 days, how much have you been bothered by these psychological or emotional problems? (This question will be placed in the instrument following the K6 questions for proper sequence).
10	I have family or friends that are supportive of my recovery.
11	I generally accomplish what I set out to do.
12	I feel capable of managing my health care needs.

Approval of these items by the Office of Management and Budget (OMB) will allow SAMHSA to further refine the Recovery Measure developed for this project. It will also help determine

whether the Recovery Measure is added to SAMHSA's set of required performance measurement tools designed to aid in tracking recovery

among clients receiving services from the Agency's funded programs.

Table 1 below indicates the annualized respondent burden estimate.

TABLE 1—ANNUALIZED RESPONDENT BURDEN HOURS, 2016–2019

Type of response	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
Client-level baseline interview	55,744	1	55,744	0.58	32,332
Client-level 6-month reassessment interview ¹	44,595	1	44,595	0.58	25,865
Client-level discharge interview ²	16,723	1	16,723	0.58	9,699
PBHCI—Section H Form Only Baseline	14,000	1	14,000	.08	1,120
PBHCI—Section H Form Only Follow-Up ³	9,240	1	9,240	.08	739
PBHCI—Section H Form Only Discharge ⁴	4,200	1	4,200	.08	336
HIV Continuum of Care Specific Form Baseline	200	1	200	0.33	66
HIV Continuum of Care Follow-Up ⁵	148	1	148	0.33	49
HIV Continuum of Care Discharge ⁶	104	1	104	0.33	34
Subtotal	144,954		144,954		70,240
Infrastructure development, prevention, and mental health promotion quarterly record abstraction ⁷	982	4.0	3,928	2.0	7,856
Total	145,936		148,882		78,096

¹ It is estimated that 66% of baseline clients will complete this interview.

² It is estimated that 30% of baseline clients will complete this interview.

³ It is estimated that 74% of baseline clients will complete this interview.

⁴ It is estimated that 52% of baseline clients will complete this interview.

⁵ It is estimated that 52% of baseline clients will complete this interview.

⁶ It is estimated that 30% of baseline clients will complete this interview.

⁷ Grantees are required to report this information as a condition of their grant. No attrition is estimated.

Note: Numbers may not add to the totals due to rounding and some individual participants completing more than one form.

Send comments to Summer King, SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland 20857, OR email comments to summer.king@samhsa.hhs.gov. Written comments should be received by December 6, 2016.

Summer King,
Statistician.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA-2014-0022]

Technical Mapping Advisory Council

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Committee Management; Notice of Federal Advisory Committee Meeting.

SUMMARY: The Federal Emergency Management Agency (FEMA) Technical Mapping Advisory Council (TMAC) will meet via conference call on October 26 and 27, 2016. The meeting will be open to the public.

DATES: The TMAC will meet via conference call on Wednesday, October 26, 2016 from 10:00 a.m. to 5:00 p.m. Eastern Daylight Time (EDT), and on Thursday, October 27, 2016 from 10:00 a.m. to 5:00 p.m. EDT. Please note that the meeting will close early if the TMAC has completed its business.

ADDRESSES: For information on how to access to the conference call, information on services for individuals with disabilities, or to request special assistance for the meeting, contact the person listed in **FOR FURTHER INFORMATION CONTACT** below as soon as possible. Members of the public who wish to dial in for the meeting must register in advance by sending an email to FEMA-TMAC@fema.dhs.gov (attention Kathleen Boyer) by 11 a.m. EDT on Friday, October 21, 2016.

To facilitate public participation, members of the public are invited to provide written comments on the issues to be considered by the TMAC, as listed in the **SUPPLEMENTARY INFORMATION** section below. The Agenda and other associated material will be available for review at www.fema.gov/TMAC by Wednesday, October 19, 2016. Written comments to be considered by the committee at the time of the meeting must be received by Friday, October 21, 2016, identified by Docket ID FEMA-

2014-0022, and submitted by one of the following methods:

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Follow the instructions for submitting comments.

- **Email:** Address the email TO: FEMA-RULES@fema.dhs.gov and CC: FEMA-TMAC@fema.dhs.gov. Include the docket number in the subject line of the message. Include name and contact detail in the body of the email.

- **Mail:** Regulatory Affairs Division, Office of Chief Counsel, FEMA, 500 C Street SW., Room 8NE, Washington, DC 20472-3100.

Instructions: All submissions received must include the words "Federal Emergency Management Agency" and the docket number for this action. Comments received will be posted without alteration at <http://www.regulations.gov>, including any personal information provided. **Docket:** For docket access to read background documents or comments received by the TMAC, go to <http://www.regulations.gov> and search for the Docket ID FEMA-2014-0022.

A public comment period will be held on October 26, 2016 and October 27, 2016. Speakers are requested to limit their comments to no more than two minutes. Each public comment period will not exceed 20 minutes. Please note that the public comment periods may end before the time indicated, following the last call for comments. Contact the individual listed below to register as a speaker by close of business on Friday, October 21, 2016.

FOR FURTHER INFORMATION CONTACT:

Kathleen Boyer, Designated Federal Officer for the TMAC, FEMA, 500 C St. SW., Washington, DC 20024, telephone (202) 646-4023, and email kathleen.boyer@fema.dhs.gov. The TMAC Web site is: <http://www.fema.gov/TMAC>.

SUPPLEMENTARY INFORMATION: Notice of this meeting is given under the Federal Advisory Committee Act, 5 U.S.C. Appendix.

As required by the *Biggert-Waters Flood Insurance Reform Act of 2012*, the TMAC makes recommendations to the FEMA Administrator on: (1) How to improve, in a cost-effective manner, the (a) accuracy, general quality, ease of use, and distribution and dissemination of flood insurance rate maps and risk data; and (b) performance metrics and milestones required to effectively and efficiently map flood risk areas in the United States; (2) mapping standards and guidelines for (a) flood insurance rate maps, and (b) data accuracy, data quality, data currency, and data eligibility; (3) how to maintain, on an

ongoing basis, flood insurance rate maps and flood risk identification; (4) procedures for delegating mapping activities to State and local mapping partners; and (5) (a) methods for improving interagency and intergovernmental coordination on flood mapping and flood risk determination, and (b) a funding strategy to leverage and coordinate budgets and expenditures across Federal agencies. Furthermore, the TMAC is required to submit an Annual Report to the FEMA Administrator that contains: (1) A description of the activities of the Council; (2) an evaluation of the status and performance of flood insurance rate maps and mapping activities to revise and update Flood Insurance Rate Maps; and (3) a summary of recommendations made by the Council to the FEMA Administrator.

Agenda: On October 26, 2016, the TMAC will introduce and welcome new TMAC members, and will discuss contextual report language to support the TMAC 2016 Annual Report recommendations discussed at the September 23-26, 2016 virtual public meeting. On October 27, 2016, the TMAC will continue to discuss contextual report language to support the TMAC 2016 Annual Report recommendations. A brief public comment period will take place prior to any votes and at least one comment period will occur on each day. A more detailed agenda will be posted by Wednesday, October 19, 2016, at <http://www.fema.gov/TMAC>.

Dated: September 12, 2016.

Roy E. Wright,

Deputy Associate Administrator, for Insurance and Mitigation, Federal Emergency Management Agency.

[FR Doc. 2016-24339 Filed 10-6-16; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA-2016-0007]

Public Assistance Program Minimum Standards

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice of availability.

SUMMARY: This document provides notice of the availability of the final policy *Public Assistance Program Minimum Standards*. The Federal Emergency Management Agency (FEMA) published a notice of